

Medicine and Money

Metaphorically speaking: the metaphor of health care provision as a factory

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Metaphors are figures of speech that use relatively concrete expressions to convey the meaning of an abstract concept. More than 3,800 metaphors are in current use.¹

Metaphors are not just a matter of language. We cannot think without metaphors,² and metaphorical thought can even shape cultural institutions. For example, the westernization of cultures around the world is in part a reflection of the introduction of the metaphor "time is money" into these cultures.³ Changes in metaphorical thought can have harmful consequences to our health and our lives. Medicine, for example, was once seen as a calling or a vocation that, based on compassion, ministered to the sick. This ethical and religious metaphor is being replaced by a business metaphor, with results that have proved less than desirable. In this article, we discuss the metaphor of medicine as a factory and the practical consequences for medical

culture of a business-oriented model of patient care.

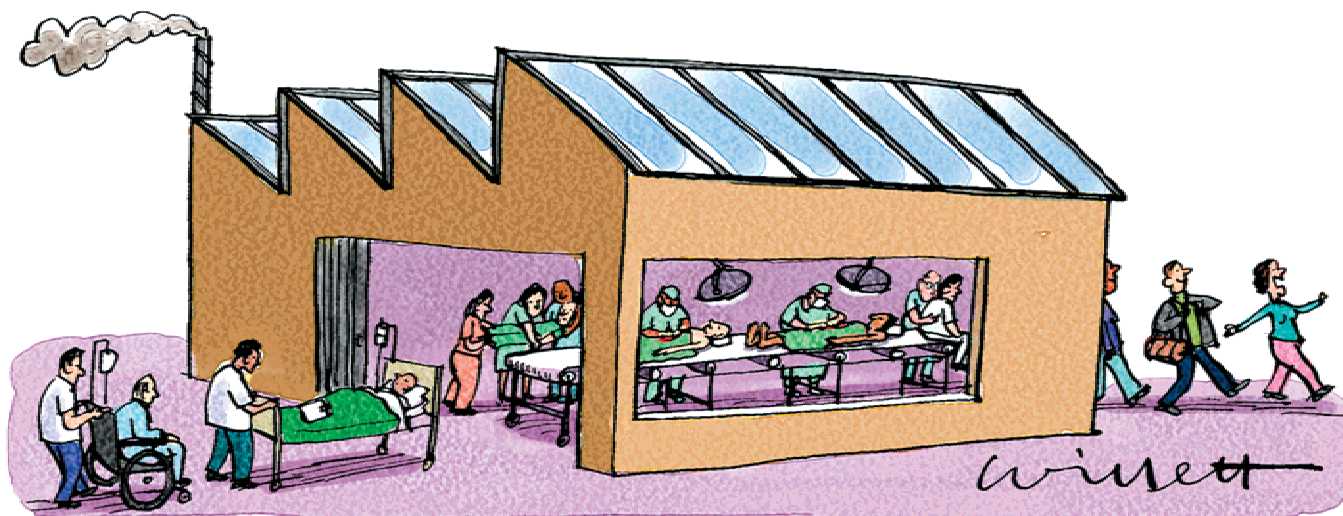
HOW DID HEALTH CARE COME TO BE VIEWED AS A FACTORY?

The problems we can identify in complex and troubling societal situations basically epitomize how much sense we are able to make of those situations. The way problems are described changes with the passage of time,⁴ and different eras define problems in different ways. For example, uneven access to medical care was initially perceived as the result of the monopolistic attitude of the American Medical Association. In the 1950s, it was attributed to an inadequate number of primary care physicians, whereas in the early 1960s, the problem was blamed on the runaway cost of health care delivery.

Aiming at controlling costs while extending access to medical care to the most vulner-

able members of the population, the Medicare Act was enacted in 1965.⁵ The act was a major venture by the government into unfamiliar territory. To initiate the program, the government needed to make use of the capability and experience that already existed in the nation's public and private health insurance organizations.⁶ It assigned responsibility to these organizations for determining the amounts due and for making payment for services covered by Medicare.

Inevitably, the jargon of the insurance industry and of cost accountants thereafter was introduced in communications and enactments dealing with claims-paying mechanisms. As a result, the patient who in 1965 was identified as “any individual entitled to insurance benefits and who is under the care of a provider”⁷ later became a “consumer”⁸—someone who consumes a commodity. Meanwhile, the physician who ini-



tially was defined as a doctor of medicine or osteopathy⁹ became a “direct health care provider”¹⁰ and thereby was identified as the purveyor of a product to be consumed. The juxtaposition of these 2 complementary terms—*provider* and *consumer*—structured and gave life to a now-familiar metaphor: health care is a factory and health care delivery is the commodity being produced. The national scope of the various enactments has rendered virtually compulsory the adoption of the metaphor across the country.

In this metaphorical view of health care delivery as a factory, the various diagnostic, therapeutic, and rehabilitative resources that constitute health care represent “raw materials.” These extend from the physician’s fingertips and the chest-piece of a stethoscope right through to the distant tertiary referral center. The health care provider uses and processes these materials to create the product best adapted to the consumer’s needs.

COST-CONTAINMENT STRATEGIES

The metaphor of medical practice as a factory allows application of the term *cost-containment strategies*, which originated in the business world, to the delivery of medical care. In fact, to correspond to the aims of the Medicare Act, the product about to be delivered by the provider must be elaborated and distributed in a system that is economically healthy. One index of economic health is profit, so profit has become the obligatory yardstick with which the success of the Medicare Act is gauged. The business model, with its focus on productivity and efficiency, has had many direct influences on US health care delivery (see table).

THE PHYSICIAN AS A PROVIDER

The notion of the physician providing a dependable and useful product is a relatively recent one. Until the advent of scientific medicine, effective interventions outside of surgery were the exception rather than the rule. In the absence of an effective and dependable “product” that they could use, physicians were able to provide only service. Traditionally, they ministered to the sick, and their language of health care as a ministry was the language of service and compassion.¹¹

The practical consequences of adopting a business model for health care delivery

Business model feature	Practical consequences
Increased productivity	Large volume of surgical procedures culminates in better results
	Shortened time spent by provider with consumer
Efficiency	Delegating less arduous tasks to paramedics
Standardization of product	Drug formularies
	Criteria to be met before ordering expensive tests or procedures
	Criteria for length of hospitalization
Controlled overproduction	Restricting the number of specialists
Guarantees against defects	Litigation as a result of a false belief in these guarantees

This language was not totally lost with the advent of scientific medicine, and in fact, the underlying motivation of most physicians still centers on compassion and ministry to the sick, the 2 fundamental qualities that structure the “therapeutic product” being provided to the ailing individual. What has changed dramatically, however, is the business language of medicine.

Until the early 1960s, clinicians were still “service-driven” in their working lives. The relationship between provider and consumer was direct, personal, and unambiguous. It was relatively unencumbered by any bureaucratic structure or intervention. Physicians served their patients.

But the enactment of Medicare created a bureaucracy through which both medical providers and consumers had to wade to function in their respective roles. The rules of the game changed. A bureaucracy is focused on its own needs and perspectives,¹² whereas a service-oriented provider would normally focus on the consumer’s needs and perspectives, making the same choices as the patient would make if perfectly informed.¹³ A bureaucracy insists on following standard procedures, whereas consumer-driven providers would prefer to provide a range of choices. A bureaucracy would ideally want the delivered product to be entirely shorn of service connotations, which are generally cost-ineffective. For example, a patient’s early discharge from a rehabilitation hospital was encouraged by Medicare’s payment system,¹⁴ and it is doubtful that the patient saw this accelerated discharge as a “service.”

THE PHYSICIAN AS LABOR

A factory represents the organized means of creating products from raw materials. Using this metaphor, it is the physician’s responsibility to process resources to adapt them optimally to the consumer’s need. It is the physician’s labor that creates the additional value that transforms resources into the desired product.

CAN THE FACTORY METAPHOR BE ABOLISHED?

In 1979, an editorial in a medical education journal deplored the Federal Trade Commission’s decision that professional associations were trade associations.¹⁵ Three years later, Fein argued that, “A new language is infecting the culture of American medicine. It is the language of the marketplace . . . and of the cost accountants.”¹⁶ Both editorials fell on deaf ears.

The recent presidential proposal for a “Patient’s Bill of Rights” stood little chance of being enacted by legislators. Marginally more encouraging has been the initiative of the Oregon Medical Association, whose president sent a letter to hospitals and insurers in that state asking them to stop referring to physicians as providers. So far, 2 insurers have complied with his request.¹⁷

CONCLUSION

Medicine has borrowed a metaphor from the commercial marketplace that is altering our medical culture. Increasingly, medicine is being perceived as a product rather than as a service. Cosmetic surgeons now bid for “cus-

tomers" on-line, so we are clearly witnessing the "commodification" of medicine as a product.¹⁸

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